SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

Page 1 of 46

SUMMARY PAGE

			D C 111								
1.NAME OF COMMITTEE								2. TY	PE OF COMMITTEE		
Friends Of Jason Bartl	ett							x	Candidate Committee Exploratory Committee		
3. TREASURER NAME								•			
Title	First Janice			MI H	Last Stevenson				Suffix		
4. TREASURER ADDRESS											
Street Address			City				State		Zip Code		
32 Sunset Hill Rd			Bethe	el			СТ		06801		
				VEELGE GOLIG	NITE (10 III III III III III III III III III I				NAT CORP.		
5. ELECTION DATE			6. C	OFFICE SOUC	GHT (if applicable)			7. DISTI	RICT CODE (if applicable)		
11/02/2010		Undetermined									
8. CANDIDATE NAME									_		
Title	First Jason			мі w .	Last Bartlett				Suffix		
9 TYPE OF REPORT			•								
	P. TYPE OF REPORT Termination Report for Candidate and Exploratory Committees (Non Standard) - Original										
10. PERIOD COVERED											
10. FERIOD COVERED											
		Beginning Date			Ending Date						
		04/01/2010	thru	и	06/21/2010						
			11. CER	RTIFICATION	[
		under penalties of false gn Finance Disclosure									
accurate and o	complete.										
Electronic Eiling		Janice Stevenson				06/22	/2010				
Electronic Filing SIGNATURE		PRINT NAME OF THE		FR.			CERTIFIED				
SIGINTURE		TRIVI WAVE OF THE	L SIGIVI	ZIC .		DATE	LKIIIILD				
		ALTY FOR FALSE STATE									
	\$1,0	000, OR IMPRISONMENT	FOR N	OT MORE TH	HAN ONE YEAR, OR BO	OTH.					

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE						
Friends Of Jason Bartlett							
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$1,795.00						
14. Contributions received from Individuals (Section A and B)	\$3,104.00	\$4,699.00					
15. Receipts from Other Committees (Sections C1 + C2)	\$375.00	\$575.00					
16. Other Monetary Receipts (Section D-I)	\$150.00	\$150.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14-17)	\$3,629.00	\$5,424.00					
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$5,424.00	\$5,424.00					
20. Expenses Paid by Committee (Section N)	\$5,422.66	\$5,422.66					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$1.34	\$1.34					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00	\$0.00					
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00	\$0.00					
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$2,070.53						

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE								FILING	DUE DATE		
Friends Of Jason Bartlett											
A. Total Contributions from	m Small (Contributors-Received th	nis Perio	d ONLY	7						
(See instructions for definition of Small					total Section A	\$0.00					
		B. Itemized Contributi	ions fron	ı Individu	ıals						
Last Name	First Name		MI		contribution:		Contribution	ID#	Amount of		
Saadi	Thomas		J	Cash Money	=	al Check Debit Card	0023		Contribution		
Residential Street Address	•	City		State	Zip Code	D	ate Received				
24 Tobins Ct		Danbury		СТ	06810	0	4/02/2010				
Principal Occupation		Name of Employer			Is this contribution ass			Yes			
Asst. Attorney General		State of CT			fundraising event listed If yes, list Event #	in Section .	x	No			
Is contributor a principal of a state contractor	or prospective	Yes X No		outor a lobbyis		Aggre	gate Contribution	ons			
state contractor? Is yes, indicate which branch or branches of government the contract is with:	П	Executive Legislative		t child of a lob	-		\$4	14.00	\$44.00		
Last Name	First Name		MI		contribution:		Contribution	ID#			
Birdwhistell	Nan		М	Cash		al Check	0022	110#	Amount of Contribution		
		1		Money	y Order Credit/l	Debit Card	0022				
Residential Street Address		City		State	Zip Code		ate Received				
16 Cleft Rock Ln		Woodbridge		СТ	06525-1417		4/02/2010				
Principal Occupation Attorney		Name of Employer Martha Cullina LLP			Is this contribution asse fundraising event listed		J1?	Yes			
Accorney		Martina Califfa EE			If yes, list Event #		x	No			
Is contributor a principal of a state contractor	or prospective	Yes X No		outor a lobbyis	-	Aggre	egate Contribution	ons			
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 —	t child of a lob res	*		\$10	00.00	\$100.00		
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of		
Marcinek	Robert		V	Cash	=	al Check Debit Card	0024		Contribution		
Residential Street Address	<u> </u>	City		State	Zip Code		ate Received				
27 Blackberry Rd		Danbury		CT	06811		4/02/2010				
Principal Occupation		Name of Employer		ļ	Is this contribution ass	ociated with	a 🗍	Yes			
		Retired			fundraising event listed If yes, list Event #	d in Section .	J1? X				
			1		·						
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		outor a lobbyis t child of a lob	-	Aggre	egate Contributio	ons LO.00	\$10.00		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res X	No		, p1	10.00	\$10.00		
Last Name	First Name		MI		contribution:		Contribution	ID#	Amount of		
Deakin	David		W	Cash Money	=	al Check Debit Card	0021		Contribution		
Residential Street Address	Į.	City	-!	State	Zip Code		ate Received				
19 Oxford Streety		Bethel		CT	06801		4/02/2010				
Principal Occupation		Name of Employer		•	Is this contribution asse			Yes			
		Retired			fundraising event listed If yes, list Event #	d in Section .	J1? X				
Is contributor a principal of a state of the	on manageti:		ļ,		·	1					
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		outor a lobbyis t child of a lob	-	Aggre	egate Contribution	ons 50.00	\$50.00		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	No		φυ	,,,,,,	р 50.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Jason Bartlett										
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Brill	Steven			R	Cash Money	y Order		0026		Contribution
Residential Street Address	<u> </u>	City		1	State	Zip Code		ate Received		
10 Terry Dr		Bethel			СТ	06801	0	4/03/201	0	
Principal Occupation Ins.		Name of En	nployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	utions \$50.00	\$50.00
Last Name	First Name			MI		contribution:		Contributi	on ID #	
Shannon	William			P	Cash	x Personal of Credit/De		0025	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
2 Blackman Ave		Bethel			СТ	06801	0	4/03/201	0	
Principal Occupation		Name of En Retired	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	itions \$88.00	\$88.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Reynolds	Joan			Т	Cash Money	y Order Personal Credit/De		0028		Contribution
Residential Street Address		City			State	Zip Code	1	ate Received		
23 Idlewood		Bethel			СТ	06801	_	4/08/201	0	
Principal Occupation Dem. Deputy Registrar of Voters		Name of En				Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-			\$50.00	\$50.00
Last Name	First Name			MI		contribution:	a	Contributi	on ID#	Amount of
Levy	Warren			М	Cash Money	y Order X Personal Credit/De		0032		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
5 Pilgrim Dr		Danbury			СТ	06811	0	4/08/201	0	
Principal Occupation CEO		Name of En	nployer Metal Finishing, Inc			Is this contribution assoc fundraising event listed in If yes, list Event # 04	n Section .		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis	byist?	Aggre	gate Contribu	itions	\$100.00
government the contract is with:	Ш	Executive	Legislative	L '	res x	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Jason Bartlett										
		B. It	emized Contributi	ions from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Arconti	Thomas			J	Cash Money	y Order Registration X Personal C		0038		Contribution
Residential Street Address	<u> </u>	City			State	Zip Code		ate Received		
47 Forty Acre Mountain Rd		Danbury			CT	06811		4/08/2010		
Principal Occupation		Name of E	mplover		<u> </u>	Is this contribution associ	ated with	а Гұ	Yes	İ
Financial Planner		Self				fundraising event listed in		1?	No	
				1		If yes, list Event # 04	082010	<u>B</u> L	_ 100	<u> </u>
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I '─	res x	*		\$	\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributio	on ID #	Amount of
Taborsak	Lynn			Н	Cash	X Personal C		0042	JII 12	Contribution
		1			Money	y Order Credit/De				
Residential Street Address		City			State CT	Zip Code		ate Received 4/08/2010	n	
110 Hayestown Rd		Danbury			CI	06811				†
Principal Occupation Plumber		Name of E	mployer			Is this contribution associ fundraising event listed in		11?	Yes	
Tullibel		1100.100				If yes, list Event #		<u>[X</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 —	child of a lob	-		\$	\$50.00	\$50.00
government the contract is with: Last Name	First Name	Executive	Legislative	I MI		contribution:		T		
Leheny	Joseph			D	Cash	X Personal C	Check	Contribution 0047	on ID #	Amount of Contribution
	·				Money	y Order Credit/De	bit Card	0047		
Residential Street Address		City			State	Zip Code		ate Received		
50 Briar Ridge Rd		Danbury			СТ	06810	0	4/08/2010)	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
Retired		Retired				If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of				1 —	child of a lob	-		-	\$88.00	\$88.00
government the contract is with:		Executive	Legislative	'	res X	No		1		
Last Name	First Name			MI S		contribution:	heck	Contributio	on ID#	Amount of
Knicherbocker	Matthew			5	Cash Money	y Order Credit/De		0033		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
10 Colonial Dr		Bethel			СТ	06801	0	4/08/2010	0	
Principal Occupation		Name of E	mployer		•	Is this contribution associ		1^	Yes	
First Selectman		Town of	Bethel			fundraising event listed in If yes, list Event # 04			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Ic contrib	utor a lobbyis		1			†
state contractor?	o. prospective		Yes X No	dependent	child of a lob	bbyist?	Aggre	gate Contribu	tions \$88.00	\$88.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No				455.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Jason Bartlett										
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Olson	David			R	Cash Money	y Order X Personal C		0034		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		1
5 Wagon Rd		Bethel			СТ	06801	0	4/08/2010	0	
Principal Occupation		Name of E	mployer		•	Is this contribution associ		1^	Yes	Ī
Consultant		Strategy	Advisors, LLC			fundraising event listed in If yes, list Event # 04	082010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 '	t child of a lob Yes	•		\$1	144.00	\$144.00
Last Name	First Name			MI		contribution:		Contribution	on ID #	
Straiton	Sharon			J	Cash	y Order Responsible Credit/De		0031	JII 11D #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
7 Codfish Hill Rd		Bethel			CT	06801	0	4/08/2010	0	
Principal Occupation		Name of E	mployer		1	Is this contribution associ		1^	Yes	İ
						fundraising event listed in If yes, list Event # 04			No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis	-	Aggre	gate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Yes	-		9	\$44.00	\$44.00
government the contract is with: Last Name	First Name	Executive	Legislative	I MI		contribution:	<u> </u>	1	"	<u> </u>
Ryan	Linda			M	Cash	x Personal C	Check	Contribution 0044	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	0044		
Residential Street Address		City			State	Zip Code		ate Received		
4 Gale Ct		Bethel			СТ	06801		4/08/2010	<u> </u>	+
Principal Occupation		Name of E	mployer sive Therapy & Welln	055		Is this contribution associ fundraising event listed in		J1?	_	
Office Manager		Assoc.	sive merapy & weim	C 55		If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis	, 1	Aggre	egate Contribu	itions	Ī
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Tes	-		9	\$25.00	\$25.00
government the contract is with:	<u></u>	Executive	Legislative	+ -	1		<u> </u>	1		
Last Name Hutchinson	First Name Alice			MI M	Cash	contribution: X Personal C	Check	Contribution	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	0035		
Residential Street Address		City			State	Zip Code		ate Received		
153 Rockwell Rd		Bethel			СТ	06801	0	4/08/2010)	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		1^	Yes	
N/A		None				If yes, list Event # 04			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of			П		t child of a lob	-		-	\$88.00	\$88.00
government the contract is with:	Ц	Executive	Legislative	ТП	res X	No	1			

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Jason Bartlett										
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Ross	Jane			М	Cash Money	y Order X Personal C		0027		Contribution
Residential Street Address		City			State	Zip Code		Date Received		1
100 Pine Tree Rd Box 71		Redding	Ridge		CT	06876		4/08/2010		
Principal Occupation		Name of Er Retired	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	itions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Chianese	Benjamin				Cash Money	y Order X Personal C		0029		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
5 Brar Rdg		Danbury			СТ	06810	0	4/08/2010	0]
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in		1^	Yes	
CPA		Self				If yes, list Event # 04			No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	itions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Schleifer	Nancy			Р	Cash Money	y Order		0030		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
65 Old Stagecoach Rd		Redding			СТ	06896	0	4/08/2010	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in		1^	Yes	
Retired		Retired				If yes, list Event # 04			No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		t child of a lob Tes	-		\$2	200.00	\$200.00
government the contract is with: Last Name	First Name	Executive	Legislative	Тмі	1	contribution:	<u> </u>	I	"	<u> </u>
Lee	Creighton			W	Cash	y Order Personal C		Contribution 0036	on ID#	Amount of Contribution
Residential Street Address		City		-	State	Zip Code	D	ate Received		•
14 Tanglewood Dr		Danbury			СТ	06811-4233	0	04/08/2010	0	
Principal Occupation		Name of Er None	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event # 04	n Section .	_{J1?}	Yes No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		E	Legislative	dependent	t child of a lob Yes	-		9	\$44.00	\$44.00
government the contract is with:	니	Executive	Legislative	Т П,	i es	INU	1			<u> </u>

		I. MONETARY I	RECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Jason Bartlett								
		B. Itemized Contrib	outions fro	m Individu	ıals			
Last Name Burgos Rodriguez	First Name Abner		MI	Cash	contribution: X Personal Cl	heck 0039	oution ID#	Amount of Contribution
Residential Street Address 8 Corn Tassel Rd		City Danbury		State CT	Zip Code 06811	Date Recei 04/08/2		
Principal Occupation		Name of Employer Standard Petroleum			Is this contribution associa fundraising event listed in If yes, list Event # 040		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Muller	First Name Bruce		MI P	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0041	oution ID#	Amount of Contribution
Residential Street Address 28 Walnut Hill Rd		City Bethel		State CT	Zip Code 06801	Date Recei 04/08/2		
Principal Occupation Psychologist		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Cont	ributions \$50.00	\$50.00
Last Name Jennings	First Name Cynthia		MI R	Cash	contribution: X Personal Cl	heck 0043	oution ID#	Amount of Contribution
Residential Street Address 55 Filley St		City Windsor		State CT	Zip Code 06095	Date Recei 04/08/2		
Principal Occupation		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Cont	ributions \$25.00	\$25.00
Last Name Garcia	First Name Magdalen	a	MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0037	oution ID#	Amount of Contribution
Residential Street Address 143 Bradley St		City New Haven		State CT	Zip Code 06511	Date Recei 04/08/2		
Principal Occupation RE Specialist		Name of Employer Cartus		•	Is this contribution associa fundraising event listed in If yes, list Event # 040	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Cont	ributions \$144.00	\$144.00

		I. MC	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Jason Bartlett										
		B. Iten	nized Contributi	ons from	Individu	ıals		•		
Last Name Struth	First Name Sharon			MI A	Cash	contribution: X Personal C		Contributio	n ID#	Amount of Contribution
Residential Street Address 5 Fox Den Rd		City Bethel			State CT	Zip Code 06801		ate Received 4/08/2010	ı	
Principal Occupation Writer		Name of Emplo	-		•	Is this contribution association fundraising event listed in If yes, list Event # 040	Section J	11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	child of a lob	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name Stevenson	First Name Janice			MI H	Cash	contribution: Personal C Order X Credit/Deb		Contributio	n ID#	Amount of Contribution
Residential Street Address 32 Sunset Hill Rd		City Bethel			State CT	Zip Code 06801		ate Received 4/11/2010	ı	
Principal Occupation Tech. Consultant		Name of Empl Fairview Re	-		•	Is this contribution associa fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contribut	tions 50.00	\$50.00
Last Name Bryant	First Name Katurah			MI A	Cash	contribution: X Personal C		Contributio	n ID#	Amount of Contribution
Residential Street Address 57 Willis St		City New Haven	ı		State CT	Zip Code 06511		ate Received 4/17/2010	l	
Principal Occupation Prof. Nurse		Name of Empl State of CT	-		•	Is this contribution association fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribut	tions 25.00	\$25.00
Last Name Pomazi	First Name Janice			MI	Cash	contribution: X Personal C		Contributio	n ID#	Amount of Contribution
Residential Street Address 85 Sunset Hill Rd		City Redding			State CT	Zip Code 06896		ate Received 4/17/2010		
Principal Occupation Realtor		Name of Empl	loyer			Is this contribution associa fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyist child of a lob	byist?	Aggre	gate Contribut	tions 88.00	\$88.00

		I. MC	ONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Jason Bartlett										
		B. Iten	nized Contributio	ons from	Individu	ıals				
Last Name Tripi	First Name			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
	i dai					y Order X Credit/De	bit Card	0053		Contribution
Residential Street Address 117 Dodgingtown Rd		City Bethel			State CT	Zip Code 06801		ate Received 4/20/201		
Principal Occupation Manager, Global Procurement		Name of Emp Gartner, I	-			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contrib	utions \$50.00	\$50.00
Last Name Smith	First Name Earl			MI J	Cash	contribution: X Personal C y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 5 Serenity Ln		City Sandy Hoo	k		State CT	Zip Code 06482		ate Received		
Principal Occupation Retired		Name of Emp Retired	oloyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribi	utions 100.00	\$100.00
Last Name Lawlor	First Name Martin			мі Ј	Cash	contribution: X Personal C y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 40 Shelley Rd		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation Attorney		Name of Emp Self	oloyer			Is this contribution associ fundraising event listed in If yes, list Event #		₁₁₂ L	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contrib	utions 150.00	\$150.00
Last Name Paca	First Name Marcus			MI	x Cash	contribution: Personal C y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 119 Maple St		City New Haver	1		State CT	Zip Code 06511		ate Received		
Principal Occupation Business Mgr		Name of Emp ABCD, Inc	-		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	ations \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Jason Bartlett										
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name F	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Miller	Patricia			В	Cash Money	y Order X Personal C		0050		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
95 Liberty St Unit A4		Stamford			CT	06902		4/24/2010		
Principal Occupation		Name of Er	mployer		ļ	Is this contribution associ	ated with	а Г	Yes	İ
Legislator		State of				fundraising event listed in	Section .	11? L	No	
						If yes, list Event #	,		I NO	1
Is contributor a principal of a state contractor or state contractor?	prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of	П	Executive	Legislative	1 '	es x	,		\$	\$50.00	\$50.00
government the contract is with: Last Name	First Name			I MI	1	contribution:	<u> </u>	Contributio	ID #	
	Harold			T	Cash	x Personal C	Check	0048	on ID#	Amount of Contribution
		т			Money	y Order Credit/Del	bit Card	0040		
Residential Street Address		City			State	Zip Code		ate Received		
111 Hoyts Hill Rd		Bethel			СТ	06801	0	4/24/2010)	
Principal Occupation		Name of En	mployer			Is this contribution associ fundraising event listed in			Yes	
Retired		Retired				If yes, list Event #		х	No	
Is contributor a principal of a state contractor or	prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	\$44.00	\$44.00
government the contract is with:		Executive	Legislative	L Y	res x	No		1		
	First Name			MI		contribution:	Thools	Contributio	on ID #	Amount of
Halfar	Christine				Cash Money	y Order Credit/Del		0055		Contribution
Residential Street Address		City		-	State	Zip Code	D	ate Received		
8 Settlers Hill Rd		Danbury			СТ	06811	0	5/21/2010	0	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Retired		Retired				fundraising event listed in If yes, list Event #	1 Section .	11? x	No	
Is contributor a principal of a state contractor or	nrocnactiva		Yes X No	In contrib	utor a lobbyis	t amayaa ar	Ι.			
state contractor?	prospective		Yes X No		child of a lob	-	Aggre	gate Contribu	ttions	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		Ψ-		\$100.00
Last Name F	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Cocco	Susan			D	Cash	y Order X Personal C		0057		Contribution
D 11 210 211		a.			<u> </u>					
Residential Street Address 513 Branchville Rd		City Ridgefield	1		State CT	Zip Code 06877		ate Received 5/24/2010		
Principal Occupation		Name of Er			1	Is this contribution associ				İ
Timelpai Occupation		Self Emp				fundraising event listed in		J1?	Yes No	
		·		1		If yes, list Event #	1		I NO	
Is contributor a principal of a state contractor or state contractor?	prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent		-		\$1	100.00	\$100.00
government the contract is with:						· · · · · · · · · · · · · · · · · · ·	1			i

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE FILING I												
Friends Of Jason Bartlett												
		B. Ite	mized Contribution	ons from	Individ	uals						
Last Name Nappier	First Name Denise			MI L	Cash	contribution: Personal of the property of the		Contributi	on ID#	Amount of Contribution		
Residential Street Address 110 Westerly Ter .		City Hartford			State CT	Zip Code 06105		ate Received				
Principal Occupation Treasurer		Name of Emp State of C				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	gate Contrib	utions 100.00	\$100.00		
Last Name Kabak	First Name Lori			MI	Cash	contribution: X Personal Gredit/December Credit/December		Contributi	on ID#	Amount of Contribution		
Residential Street Address 1801 Eaton Ct		City Danbury			State CT	Zip Code 06811		ate Received				
Principal Occupation Town Clerk		Name of Emp			•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lot es	-	Aggre	gate Contrib	ations \$20.00	\$20.00		
Last Name Zimmerman	First Name Isabelle			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi	on ID#	Amount of Contribution		
Residential Street Address 1 Elgin Ave		City Bethel			State CT	Zip Code 06801		ate Received				
Principal Occupation Sales support		Name of Emp Neopost	ployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lot es		Aggre	gate Contrib	ations \$25.00	\$25.00		
Last Name Bickford	First Name Jane			MI	Cash	contribution: X Personal 0 y Order Credit/De		Contributi	on ID#	Amount of Contribution		
Residential Street Address 3 Vera Dr		City Bethel			State CT	Zip Code 06801		ate Received				
Principal Occupation Retired		Name of Emp Retired	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	gate Contrib	utions 100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	DUE DATE
Friends Of Jason Bartlett								
B. Itemized Contributions from Individuals								
Last Name Bara	First Name John	MI Method of contribution: Cash X Personal Check Money Order Credit/Debit Card			neck 0059	tion ID#	Amount of Contribution	
Residential Street Address 33 Taylor Rd		City State Zip Code Bethel CT 06801			Date Receive	-		
Principal Occupation Construction Contractor	fundraising event listed in			Section J1?	Yes X No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Legislative Yes X No			Aggregate Contri	s50.00	\$50.00			
Last Name Knapp	First Name Jonathan		MI B	Method of o	contribution: Personal Cl v Order X Credit/Debi	neck 0062	tion ID#	Amount of Contribution
Residential Street Address 246 N Salem Rd		City Ridgefield		State CT	Zip Code 06877	Date Receive	-	
Principal Occupation Dentist	Name of Employer Self Is this contribution associ fundraising event listed in If yes, list Event #			Section J1?	Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	dependent child of a lobbyist? \$200.00					\$200.00		
						Total o	f Section B	\$3,104.00
TOTAL OF ALL CONTRIBU	TIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14	of Summary Page)	\$3,104.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE	
Friends Of Jason Bartlett									
C1. Contributions from Other Committees									
Name of Committee Local 371 UFCW PAC					Name of Treasurer Brian Petronella	a			
Address 21 Linden St Unit 18			Is this contribution fundraising event			Yes If yes, list Even X No	t #	Amount of Contribution	
City Norwalk	State CT	Zip 068	Code 851	1	eceived L/2010	Aggregate Contributions	\$375.00	\$375.00	
				-		Total of	Section C1	\$375.00	

I. MONETA						
NAME OF COMMITTEE				FILIN	NG DUE DATE	
Friends Of Jason Bartlett						
C2. Reimbursements or Payments from other Committees						
Name of Committee			Name of Treasurer			
Address			Date Received		Amount of Receipt	
City	State	Zip Code	Reimbursement for shared expense			
			Payment for goods and services			
Total of Section C2						

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE					FILING	DUE DATE				
Friends Of Jason Bartlett										
D. Loans Received this Period										
Name of Lender				Source of Louis	Is there a cosigner or Guarantor of	Amount Received				
Street Address	City	State	Zip Code	Candidate Individual	this loan?					
Name of Cosigner/Guarantor				Other Committee	No					
Street Address	City	State	Zip Code	Date Received						
Total of Section D										

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					FILING DUE DATE				
Friends Of Jason Bartlett									
	E. Personal Funds of the Candidate Received this Period								
Date Received	Amount	Method of Payment	Cash	Personal Check	Credit/Debit Card				
	ı E								

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTE	FILING DUE DATE								
Friends Of Jason Bartl									
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount				

I. Monetary Receipts (Section A-I)									
NAME OF COMMITTEE	FILI	NG DUE DATE							
Friends Of Jason Bartlett									
G. Interest from Deposits in Authorized Accounts									
Name of Institution		Date Received		Total Amount Received					
Street Address	City	State	Zip Code		•				
Total of Section G									

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE					FILING DUE DATE				
Friends Of Jason Bartlett									
Н.									
Purpose of Grant: Initial Primary General or Specia	ıl Election	Supplemental/Indepen Primary	dent Expenditure General or Special Election	Date Received	Amount				
Supplemental/Post Election Deficit General or Special Election		Supplemental/Excess l	Expenditure General or Special Election						
				Total of Section	н				

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE				FILI	NG DUE DATE			
Friends Of Jason Bartlett								
I. Miscellaneous Monetary Receipts not Considered Contributions								
Name Tarrywile Mansion		Date of Tran 06/07/20			Amount Received			
Street Address 70 Southern Blvd .	City Danbury	State CT	Zip Code 06810					
Description Security Deposit refund				·	\$150.00			
			Total of Sect	tion I	\$150.00			

	II. FUNDRAISING	G EVENT ACTIVITY						
NAME OF						FILING	DUE 1	DATE
COMMITTEE Friends Of Jason B	artlett							
J1. Fundraising Event Information								
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code
Was this fundraising event he	osted at a personal residence?		Yes	3	No			
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	1	No			
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	S	No			

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Friends Of Jason Bartlett									
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items									
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment: Cash Personal Check Credit/Debit				it Card	Aggregate Amount of Purchases	
Residential Street Address	City	Sta	te	Zip Code	Date Received	Event #			
Items Purchased	•	•	_						
Total of Section J2									

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE							FILING	G DUE DATE	
Friends Of Jason Bartlett									
J3. In-Ki	nd Donations Not Considered Contribut	ions							
Name of the Donor			Donation Given by:				ess Entity	Fair Market Value of Donation	
Street Address	City		State	Zip	Code	Aggregate value for this even			
Description of Donation		Date	Receive	•d	Event #				
Total of Section J3									

	III.	NON	MO	NETARY RECEIPTS					
NAME OF COMMITTEE								FILING I	DUE DATE
Friends Of Jason Bartlett									
	K.	. In-K	ind (Contributions					
Name							Date Receive	ed	Fair Market Value of this Contribution
Street Address		(City		State	Zip Code			
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:		Yes No Legislative			
Is this contribution associated with a fundalisted in Section J1? If yes, list Event#	raising event	Yes No	Des	cription of In-Kind Contribution			Aggregate contr	ributions	
							Total of	f Section K	

III. Non Monetary Receipts											
NAME OF COMMITTEE	FILING DUE DATE										
Friends Of Jason Bartlett											
L. Refundable Deposit to Telephone Company											
Last Name (Individuals Only)	First Name	First Name				Date Received	Amount of Deposit				
Street Address	City		State	Zip Code							
Name of Telephone company											
Street Address	City State Zip Code										
					-	Total of Section	L				

III. NONMONETA	ARY RECEIPT	S								
NAME OF COMMITTEE				FILING DUE DATE						
Friends Of Jason Bartlett										
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee										
Name of Committee										
Street Address			Date Notice Received	Fair Market Value of Donation						
City	State	Zip Code	Aggregate Donations							
Description of Donation		Purpose of Expenditure A B	C D	Е						
			Total of Section	М						

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Jason Bartlett							
	N. Expenses Paid By Commi	ttee					
Name of Payee Nicole Struth Street Address 5 Fox Den Rd Description	City Bethel	State CT	Zip Code 06801	Date of Payment 04/07/2010 Purpose of Expenditure PRNT	Method of Payr X Check # 104 Debit Car Event #		Amount
Cost of reproducing even lit. Is this expenditure coordinated with another candidate for	Other Contiductor			Office Society			
which reimbursement is sought? Yes X No	r Other Candidate(s) N	lame		Office Sought			\$602.38
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Nicole Struth				04/07/2010	X Check #		
Street Address 5 Fox Den Rd	City	State CT	Zip Code	Purpose of Expenditure POST	105 Debit Car	rd	
Description	Bethel	<u> </u>	00001	1031	Event #		
Post							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$356.40
Name of Payee Adam Chiara				Date of Payment 04/07/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>102</u>		
206 Beacon St	Hartford	СТ	06105	POST	Debit Car	·d	
Description cost of envelopes & postage					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$109.58

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Jason Bartlett							
	N. Expenses Paid By Commi	ittee					
Name of Payee Adam Chiara				Date of Payment 04/07/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	103		
206 Beacon St	Hartford	СТ	06105	PRNT	Debit Car	d	
Description Mailing Label printing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Name		Office Sought			
X No							\$42.39
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Study at Yale			_	04/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>107</u>		
1157 Chapel St	New Haven	СТ	06511	FNDR	Debit Car	rd	
Description Food & Facility Use					Event # 03262010A		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Name		Office Sought			
X No							\$808.14
Name of Payee				Date of Payment	Method of Pay	ment	Amount
PayPlanner, Inc			1	04/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	106		
PO Box 33413	San Diego	CA	92163	WEB	Debit Car	d	
Description Pmt for online Contribution services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Name		Office Sought			\$41.00
X No							1

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Jason Bartlett							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Adam Chiara			_	Date of Payment 04/07/2010	Method of Pays	ment	Amount
Street Address 27 Blackberry Rd	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure	101 Debit Car	ď	
Description Cost of reproducing even lit.		•	•	•	Event # 03262010A	`	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$96.99
Name of Payee Center for New Media and the Arts				Date of Payment 04/08/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 108		
186 Greenwood Ave	Bethel	СТ	06801	FNDR	Debit Car	d	
Description Facilities Use		•		•	Event # 04082010B	,	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		\$250.00
X No					1		\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Janice Stevenson		I		04/15/2010	X Check #		
Street Address 32 Sunset Hill Rd	City Bethel	State CT	Zip Code 06801	Purpose of Expenditure Misc *	109 Debit Car	ď	
Description			ļ		Event #		
Cost of reproducing QC Forms					04082010B	\$	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$6.02

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Jason Bartlett							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Janice Stevenson	 			04/15/2010	X Check #		
Street Address 32 Sunset Hill Rd	City Bethel	State CT	Zip Code 06801	Purpose of Expenditure FNDR	110 Debit Car	·d	
Description Description	bettlei	<u></u>	00001	INDIX	Event #		
Beverages for Dinner event					04082010E	3	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$133.43
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Janice Stevenson				04/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>114</u>		
32 Sunset Hill Rd	Bethel	СТ	06801	POST	Debit Car	^r d	
Description					Event #		
Express postage for Exploratory Filing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$13.65
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Nicole Struth				04/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	111 Debit Car		
5 Fox Den Rd	Bethel	СТ	06801	FNDR		ď	
Description Cake for Dinner Event					Event # 04082010E	3	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$44.80
LITE No.							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Jason Bartlett							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Nicole Struth	r	_	ı	04/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>112</u>		
5 Fox Den Rd	Bethel	СТ	06801	FNDR	Debit Car	d	
Description Food for Dinner Event					Event # 04082010B	,	
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$262.05
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Nicole Struth	.		T	04/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	113		
5 Fox Den Rd	Bethel	СТ	06801	FNDR	Debit Car	d	
Description Food for Dinner Event					Event # 04082010B	,	
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$63.60
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Nicole Struth				04/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	115		
5 Fox Den Rd	Bethel	СТ	06801	WAGE	Debit Car	d	
Description Wages					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	!		
Yes X No							\$400.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Friends Of Jason Bartlett							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Tarrywile Mansion				Date of Payment 04/21/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>116</u>	.1	
70 Southern Blvd .	Danbury	СТ	06810	FNDR	Debit Car	rd .	
Description Deposit on convention site					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Jame		Office Sought			\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Tarrywile Mansion			_	04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>117</u>		
70 Southern Blvd .	Danbury	СТ	06810	FNDR	Debit Car	d.	
Description Site rental for nominating convention					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$160.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Nicole Struth	Γ		T	06/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	118 Debit Car	.d	
5 Fox Den Rd	Bethel	СТ	06801	CNSLT	-	ď	
Description Pmt for services to the committee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Jame		Office Sought			\$1,100.00
X No							+-,

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Jason Bartlett							
	N. Expenses Paid By Commi	ttee					
Name of Payee Jason 2010				Date of Payment 06/08/2010	Method of Paye	ment	Amount
Street Address 32 Sunset Hill Rd	City Bethel	State CT	Zip Code 06801	Purpose of Expenditure	119 Debit Car	rd	
Description Contributions received post Nomination to	Candidate Comm	1			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$195.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
J Michael Cobb				06/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>120</u>		
20 Westwood Dr	Danbury	СТ	06811	RCW	Debit Car	d	
Description Reimbursement for domain name purchas	e				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$66.78
x No					1		\$00.70
Name of Payee				Date of Payment 06/14/2010	Method of Pay	ment	Amount
J Michael Cobb	a:	I	I		X Check # 250.00		
Street Address 20 Westwood Dr	City Danbury	State	Zip Code 06811	Purpose of Expenditure CNSLT	Debit Car	rd	
Description	Danbury	J .	100011	10.1021	Event #		
Pmt for website developement & maintena	ance						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$250.00
No No							

	IV. EXPENDITURE	S.					
	IV, EAI ENDITURE	<i>-</i>					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Jason Bartlett							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Jonathan Knapp				06/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	122		
246 N Salem Rd	Ridgefield	СТ	06877	REF	Debit Car	rd	
Description		l	1	<u> </u>	Event #		
Refund of contribution received after nomi	ination (too big for CEP)						
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$200.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Jason 2010	<u> </u>			06/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	125		
32 Sunset Hill Rd	Bethel	СТ	06801	SRPLS	Debit Car	rd	
Description					Event #		
Surplus distribution							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought	1		
which reimbursement is sought?	omer cundidate(s).			omee sough			
Yes X No							\$12.45
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Nicole Struth				06/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	123		
5 Fox Den Rd	Bethel	СТ	06801	RCW	Debit Car	rd	
Description				•	Event #		
Reimbursement for PO Box rental fee							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	other Candidate(s) N	lame		Office Sought			
Yes							\$58.00
No No					Total of Sec	ction N	\$5,422.66
					1 otal of Sec	CHUII IT	Ψ3,4∠2.00

	IV.	EXPENDITURES						
NAME OF COMMITTE	DE .						FILING	DUE DATE
Friends Of Jason Bartl	lett							
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee				Date of Payme		Is Reimbur Claimed?	rsement	Amount
Street Address		City	State	Zip Code		Ye No		
Purpose of Expenditure	Description				Event #	ŧ		
						Total of	Section O	-

NAME OF COMMITTEE						FI	LING DUE DATE	
Friends Of Jason Bartlett								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution			Type of Credit C	ard:				
			Visa	Master Card	Discover	Amer	rican	
			Other					
Name of Vendor					Date of Transaction		Amount	
Street Address		City	State	Zip Code				
Purpose of Expenditure	Description		· ·	•	Event #			
					Total of Section	ı P		

	IV. EXPE	ENDITURES							
NAME OF CO	MMITTEE				FILING DU	E DATE			
Friends Of Ja	son Bartlett								
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor			Date Incurred	Event #		Amount Incurred (Estimate or			
Street Address		City	•	State	Zip Code	Actual)			
Purpose of Expenditure	Description								
Is this expenditure of which reimbursement Yes	coordinated with another candidate for Other Candida nt is sought?	te(s) Name	Office Sought						
				Total of	Section Q				

IV. E	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Friends Of Jason Bartlett						
R. Itemization of Reimburs	ements to Committee Wor	kers and	Consultants			
Name of Worker/Consultant Nicole Struth Secondary Payee	Date of Payme 04/07/201			Method of Payment X Check # 105		Amount
US Postal Service		POST	i Expenditure	Debit Card	i	
Street Address LIBRARY PLACE	City Bethel		State CT	Zip Code 06801		•
Description RCW				Event # 04082010B		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$356.40
Name of Worker/Consultant Nicole Struth			Date of Payment 04/07/2010 Method of Payment X Check # 104 Purpose of Expenditure PRNT Debit Car		nent	Amount
Secondary Payee Staples					i	
Street Address 67 Newtown Rd	City Bethel		State CT	Zip Code 06810		
Description RCW				Event # 04082010B		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$602.38

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Friends Of Jason Bartlett								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Adam Chiara		Date of Payment			nent	Amount		
Secondary Payee Staples		Purpose of Expenditure Misc *				103 Debit Card	i	
Street Address 67 Newtown Rd	City Danbury		State CT	Zip Code 06810				
Description RCW				Event # 03262010A				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$42.39		
Name of Worker/Consultant		Date of Pa		Method of Paym	nent	Amount		
Janice Stevenson		04/15/	2010	109				
Secondary Payee Staples		Purpose o	of Expenditure					
Street Address 67 Newtown Rd	City Danbury		State CT	Zip Code 06810				
Description RCW				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	idate(s) Name	Office	Sought	<u> </u>		¢6.02		

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Friends Of Jason Bartlett							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Adam Chiara Date of Payment 04/15/2010			Method of Paym X Check # 102	ent	Amount		
Secondary Payee Staples			Purpose of Expenditure POST		ı		
Street Address 67 Newtown Rd	City Danbury		State CT	Zip Code 06810			
Description RCW				Event # 03262010A			
which reimbursement is sought? Yes	idate(s) Name	Office	Sought	•			
X No				1		\$109.58	
Name of Worker/Consultant Adam Chiara			Date of Payment 04/15/2010		ent	Amount	
Secondary Payee			f Expenditure	X Check # 101			
Staples		PRNT	. Experience	Debit Card	l		
Street Address 67 Newtown Rd	City Danbury		State CT	Zip Code 06810			
Description RCW				Event # 03262010A			
	idate(s) Name	Office	Sought				
which reimbursement is sought? Yes No						\$96.99	

IV. E	XPENDITURES	S				
NAME OF COMMITTEE					FILI	NG DUE DATE
Friends Of Jason Bartlett						
R. Itemization of Reimburse	ements to Commit	tee Workers and	Consultants			
Name of Worker/Consultant		Date of Pa	-	Method of Paym	ent	Amount
Janice Stevenson		04/15/	2010	114 Check #		
Secondary Payee US Postal Service		Purpose of Expenditure RCW		Debit Card	1	
Street Address LIBRARY PLACE	City Bethel		State CT	Zip Code 06801		
Description Post				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
X Yes No						\$13.65
Name of Worker/Consultant		Date of Pa	Date of Payment Method of Paym		ent	Amount
Janice Stevenson		04/15/	2010	X Check #		
Secondary Payee Nutmeg Liquors		Purpose o	f Expenditure	Expenditure 110 Debit Card		
Street Address 279 Greenwood Ave	City Bethel	l	State CT	Zip Code 06801		
Description	Bether		Ci	Event #		
RCW				04082010B		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
X Yes No						\$133.43

IV. F	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Friends Of Jason Bartlett						
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Nicole Struth				ent	Amount	
Secondary Payee Big Y		Purpose of Expenditure FNDR		111 Debit Card	i	
Street Address 83 Stony Hill Rd	City Bethel		State CT	Zip Code 06801		
Description RCW				Event # 04082010B		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$44.80
Name of Worker/Consultant		Date of P	ayment	Method of Paym	ent	Amount
Nicole Struth		04/15/	2010	X Check #		
Secondary Payee Almonte		Purpose o	rpose of Expenditure		i	
Street Address 5 Padanaram	City Danbury		State CT	Zip Code 06810		
Description RCW				Event # 04082010B		
which reimbursement is sought? Yes	lidate(s) Name	Office	Sought			
x No						\$262.05

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Friends Of Jason Bartlett								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Nicole Struth		Date of Payment 04/15/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Putnam House		Purpose of Expenditure FNDR				Debit Card	l	
Street Address 12 Depot Pl	City Bethel		State CT	Zip Code 06801				
Description RCW				Event # 04082010B				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$63.60		
Name of Worker/Consultant J Michael Cobb		Date of Payment 06/14/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee GoDaddy.com		Purpose o	of Expenditure	120 Debit Card	l			
Street Address 14455 N Hayden Rd Ste 219	City Scottsdale		State AZ	Zip Code 85260				
Description Reimbursement for domain name purchase				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$66.78		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Friends Of Jason Bartlett								
R. Itemization of Reimburse	R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Nicole Struth		Date of Pa 06/21/	•	Method of Paym	ent	Amount		
Secondary Payee US Postal Service		Purpose o	f Expenditure	123 Debit Card	i			
Street Address LIBRARY PLACE	City Bethel		State CT	Zip Code 06801				
Description Reimbursement for PO Box rental fee				Event #				
Is this expenditure coordinated with another candidate for Other Candi	idate(s) Name	Office	Sought					
which reimbursement is sought? Yes No			-			\$58.00		
				Total of Se	ection R	\$1,856.07		

IV. EXPE	ENDITURES						
NAME OF COMMITTEE				FII	LING DUE DATE		
Friends Of Jason Bartlett							
S. Surplus Distribution of Equipment and Furniture							
Name of Recipient					Original Purchase Amount of Item		
Street Address	City	State	Zip Code				
Description							
Total of Section S							